

## ARTICLE 5

### SECTION 20

#### SAFE ARMS FOR NEWBORNS

##### 1. GENERAL

This section provides instructions regarding the processing of cases under the Safe Arms for Newborns Law.

This law will be repealed on January 1, 2006, unless subsequent legislation extends or repeals this date.

##### 2. BACKGROUND

The Safe Arms for Newborns Law was enacted to provide for the health and safety of unwanted newborn children. Under this law, any child less than seventy-two hours old, who is voluntarily surrendered to an employee on duty at a public or private hospital emergency room, shall be determined eligible to Medi-Cal. The law also requires that the hospital taking physical custody provide a medical screening examination and any necessary medical care to the child.

The Department of Health Services (DHS) has issued instructions for hospitals and for county Medi-Cal eligibility staff regarding the Safe Arms for Newborn Law.

##### A. DHS has instructed hospitals as follows:

- Hospitals taking physical custody of surrendered newborns shall give these children a medical screening examination and provide them any necessary medical care.
- The hospital employee taking physical custody of the newborn must offer the person surrendering custody a medical questionnaire, MC 356.
- Prior to giving the person surrendering custody the MC 356, the hospital employee must enter the identification number from the child's hospital ankle bracelet in the "ID number" field in the top right corner of the MC 356.
- The person surrendering the child is not required to complete or return the MC 356.
- The parent names may not be requested.
- A hospital that receives a surrendered newborn must initiate a request for Medi-Cal for that child no later than the following business day.

**Note:** Per MPG Article 4, Section 3, hospitals that have Hospital Outstation (HOS) workers will refer potential Medi-Cal patients to the on-site HOS worker. Hospitals that do not contract for a HOS worker are to refer potential Medi-Cal patients by calling the Specialized Medi-Cal Unit (SMU), which is now located in the Mission Valley Family Resource Center. The SMU Hotline number is (619) 767-5023.

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B. DHS has instructed the county as follows:

- County eligibility staff are responsible for completing the application and statement of facts.
- When actual names and birth dates are unavailable, the health facility identification information and estimated date of birth, if available, shall be used in establishing the Medi-Cal eligibility record.
- For the purposes of this program, it is assumed that the newborn is a United States citizen; a Statement of Immigration Status (MC 13) will not be required.
- A child support referral to the Department of Child Support Enforcement is not required.
- Upon granting, the health facility must be provided with the information necessary to obtain reimbursement for care provided to the newborn as soon as eligibility is established.

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### 3. REQUIRED ACTION

The HOS Worker or ET assigned to process the request for Medi-Cal for a surrendered newborn less than seventy-two hours old, shall complete an application and statement of facts for the newborn. The application is to be processed on an immediate need basis.

When the actual name and date of birth of the newborn are unavailable, the hospital identification information and estimated date of birth shall be used in establishing the Medi-Cal eligibility record. For example, if the hospital has assigned a name for identification purposes, such as "Baby Doe 43" or "Abandoned Baby 3," these are acceptable and usable on MEDS.

If the parent's name, social security number, or date of birth are known, they are not to be used. Additionally, although they do not require secured workers, these cases are to be treated as confidential in that the case number assigned is not to be used once Safe Arms for Newborns eligibility ends. **Note: A "priority line" entry on BDLM by the ET is required indicating the case number is not to be used again.**

### 4. PERIOD OF ELIGIBILITY

Under this law, eligibility begins the day of surrender and extends through the last day of the following month. However, if a child is surrendered on the last day of the month, eligibility may continue through the third month. For example, if a child is surrendered to a hospital on the 15<sup>th</sup> of March, eligibility extends through April 30<sup>th</sup>. If the surrender date is March 31<sup>st</sup>, eligibility may be extended through May 31<sup>st</sup>. **In no circumstance will coverage under this category extend past the last day of the third month.**

Newborns determined eligible to the Safe Arms for Newborns Program are **not eligible** to continuing Medi-Cal benefits through the Deemed Eligibility Program for infants or the Continuous Eligibility for Children Program. Continuing eligibility for the child will be established under normal program criteria at the time that the child either enters the foster care system or is placed with a responsible relative or caretaker.

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5. CASE FILE

The case file of a newborn surrendered under the Safe Arms for Newborn Law shall contain the following:

- Application and statement of facts.
- Abandoned Baby Health Questionnaire, MC 356 (if provided).

**The following are not required:**

- **MC 13**
- **CA2.1 and referral to Bureau of Child Support Enforcement**

Due to the limited time they are open, Safe Arms for Newborn cases shall not be banked to Granted. They will remain with the intake worker until eligibility under this program ends and the case is sent to the Records Library.

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6. AID CODE

These children are to be placed in a new zero share of cost aid code 2A. This aid code will be used by DHS to track cases opened under the Safe Arms for Newborn Law.

7. SURRENDERED NEWBORNS NOT COVERED UNDER THE SAFE ARMS FOR NEWBORNS PROGRAM

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Surrendered newborn babies, not covered under the Safe Arms for Newborns Program, will be handled on a case-by-case basis using formerly established procedures. The following provide case examples and correct procedures for surrendered newborns, which are not eligible to the Safe Arms for Newborns Program.

Example 1

Well babies or babies needing medical care that are born in the hospital to a non-Medi-Cal mother and abandoned prior to the baby's release from the hospital are treated as a voluntary surrender to foster care. The newborn's date of birth and mother's name is known to the facility. These newborn babies will be put into aid code 82 following Medi-Cal regulations for medically indigent (MI) children.

Example 2

A non-Medi-Cal woman delivers a newborn that is severely disabled. The mother is discharged from the hospital but the child must stay. The child has medical bills but the mother's whereabouts are unknown. The hospital has notified child protective services but no agency is yet responsible. In this case, the county may apply for the child and fill out the Statement of Facts. The child would be aided with aid code 82 MI.

Example 3

A couple has privately agreed to adopt a newborn and pay the medical bills for the child's birth; however, the child is born with health problems and the bills are much higher than the couple agreed to pay. The natural mother will not apply for Medi-Cal for the hospitalized child. Since the child is still in the hospital, he/she is the responsibility of the natural mother. The county should ask the mother if she wishes to place the newborn with a public agency and/or contact protective services. If the child is a ward of the court or the responsibility of a public agency due to a voluntary placement by the parent, he/she would be in his own Medi-Cal Family Budget Unit (MFBU). If an agency is assuming financial responsibility and continues to assume this responsibility after the child is discharged from the facility such as a child in foster care who is temporarily in acute or long-term care, the child would be MI and placed in aid code 45. If an agency is not assuming financial responsibility, the child would be coded as 82. The agency or person responsible for the child should complete the Statement of Facts.

Example 4

A premature baby boy was born April 15 and weighed 2 pounds therefore meeting presumptive disability criteria based on low birth weight. He remained in the hospital until August 17 when he was discharged to his home. The county would determine his eligibility for the month of birth until the month after his release to the home based only on his own income and resources (April-August). In September he would be in the same MFBU with his parent(s) or caretaker relative and their income and resources would be included in the determination.

Example 5

A Medi-Cal eligible woman delivers a well baby. The mother leaves the hospital leaving her baby at the hospital. The child has medical bills but the mother's whereabouts are unknown. The hospital has notified child protective services but no agency is yet responsible. In this case, the county may apply for Medi-Cal for the child and complete the Statement of Facts. The child should be placed in aid code 82 as MI.